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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was diagnosed with X. Per available indirect records, a progress note dated X included a complaint of X. The mechanism of injury was X. There were complaints of X. X had difficulty with X. There were X. Previous treatment had included X. Ongoing pain was X. X were X. A X examination of the X. There was a X. A subsequent progress note dated X included a complaint of X. Medications included X. An X of the X. There was a treatment plan on this date for a possible X.

Treatment to date included X. Per a utilization review adverse determination letter dated X, X, MD non-certified the recommended prospective request for X. Per note, X presented with complaint of X. There was a reported injury to the X. There were X. Treatment had included X. A X examination of the X. There was X. A X was present with X. X was X. An X of the X dated X revealed a X. X was present. Rationale: The X have demonstrated that there are X. Additionally, it is unclear how much X. Therefore, the request for X.” Per a utilization review reconsideration letter dated X, X, MD non-certified the recommended prospective request for reconsideration for a X. Rationale: “The Official Disability Guidelines X. This guideline indicates that X. Furthermore, progress note dated X include a treatment plan for X. Accordingly, this X.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for X. The patient reported an injury which occurred on X. The medical records indicate X. There were X. Treatment had included X. A X examination of the X. There was X. A X was present with X. X was X. An X of the X. X was present. The claimant was X. Moreover, the requested procedure X.

Given the documentation available, the requested service(s) X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL